

# TRANSMITTAL FORM

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Confirmation No.	2082
Application Number	09/943,905
Filing Date	August 31, 2001
First Named Inventor	Simon McGuire
Group Art Unit	3691
Examiner Name	Clement B. Graham
Patent No.	Not applicable
Issue Date	Not applicable

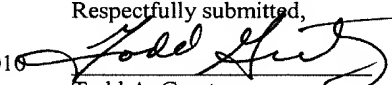
## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal  <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> After Allowance  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Petition for Extension of Time  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Transmittal of Replacement Drawing(s)  <input type="checkbox"/> Replacement Drawing(s)  <input type="checkbox"/> Executed Declaration for Utility or Design Patent Application  <input type="checkbox"/> Executed Power of Attorney to Prosecute Patent Applications Before the USPTO with Copy of Executed Assignment Document  <input type="checkbox"/> Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address  <input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Request for Certificate of Correction  <input type="checkbox"/> Certificate of Correction  <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief  <input type="checkbox"/> Status Inquiry  <input type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Part B – Fee(s) Transmittal <input checked="" type="checkbox"/> Comments on Examiner's Statement of Reasons for Allowance
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